

PUBLIC UTILITIES COMMISSION
465 SOUTH KING STREET, ROOM 103
HONOLULU, HAWAII 96813
TELEPHONE: (808) 586-2020
FACSIMILE: (808) 586-2066

INSTRUCTIONS AND GENERAL INFORMATION

**APPLICATION FOR CERTIFICATE OF AUTHORITY ("COA") TO PROVIDE
TELECOMMUNICATIONS SERVICES WITHIN THE STATE OF HAWAII AS A
FACILITIES-BASED CARRIER AND/OR RESELLER**

1. APPLICATION FORM (Hawaii Administrative Rules ("HAR")
§ 6-61-18):

The application must be typewritten and signed in black ink on 8 ½ x 11-inch paper. All exhibits attached to the application should be identified by consecutive numbering, e.g., Exhibit 1, Exhibit 2, etc.

If additional space is required to fully respond to any requirement listed in the application, that response should be attached on additional sheets as an Exhibit.

2. FILING FEE (HAR § 6-61-24):

A filing fee of \$30.00 shall be paid at the time of filing the application for a COA with the Public Utilities Commission. Filing fees paid by check should be made payable to the Public Utilities Commission.

3. NUMBER OF COPIES REQUIRED (HAR § 6-61-18):

- a. File original and 8 (eight) copies with:

Public Utilities Commission
465 South King Street, Room 103
Honolulu, Hawaii 96813

- b. Serve 2 (two) copies to:

Division of Consumer Advocacy
Department of Commerce and Consumer Affairs
P.O. Box 541
Honolulu, Hawaii 96809

4. RULES:

Specific filing instructions for applications for COA are contained in the following Hawaii Administrative Rules and are available at nominal cost:

HAR Chapter 6-61 Rules of Practice and Procedure Before
the Public Utilities Commission (See
Subchapters 2 and 6)

HAR Chapter 6-80 Competition in Telecommunications
Services (See §§ 6-80-17 through
6-80-20)

Or online at: www.hawaii.gov/budget/puc/

5. Fill in the date and sign the completed application.

Complete and sign the **Verification** in the presence of a notary public and sign the **Certificate of Service**.

6. Pursuant to Hawaii Revised Statutes ("HRS") § 269-30, all telecommunications carriers providing facilities-based and/or resold intrastate telecommunications services within the State of Hawaii must pay a public utility fee to the Public Utilities Commission, which is payable on July 31st and December 31st of each year.
7. All telecommunications carriers, except payphone providers, are subject to Telecommunications Relay Service surcharge requirements, pursuant to HRS § 269-16.6 and all applicable commission orders.
8. In the event that there is a conflict between this form and the provisions of the applicable Hawaii Revised Statutes or Hawaii Administrative Rules, the applicable statutes or rules prevail.

*** NOTE - USE OF THIS FORM DOES NOT NECESSARILY ENSURE COMPLIANCE WITH ALL APPLICABLE LAWS, RULES AND REGULATIONS. IT IS THE APPLICANT'S RESPONSIBILITY TO CONFORM TO ALL APPLICABLE LAWS, RULES AND REGULATIONS.

*** NOTE - DO NOT DUPLICATE OR FILE THIS INSTRUCTIONS AND GENERAL INFORMATION SHEET.

**BEFORE THE PUBLIC UTILITIES COMMISSION
OF THE STATE OF HAWAII**

In the Matter of the Application of)
)
)
_____)
Name of Provider of)
Facilities-Based and/or Resold)
Intrastate Telecommunications)
Services)
)
For a Certificate of Authority.)
_____)

For Commission Use Only

Docket No. _____

Provider of Facilities-Based and/or Resold
Intrastate Telecommunications Services'
Application for a Certificate of Authority;

Verification;

and

Certificate of Service

**BEFORE THE PUBLIC UTILITIES COMMISSION
OF THE STATE OF HAWAII**

In the Matter of the Application of)
)
)
_____)
Name of Provider of)
Facilities-Based and/or Resold)
Intrastate Telecommunications)
Services)
)
For a Certificate of Authority.)
_____)

For Commission Use Only

Docket No. _____

I. INTRODUCTORY STATEMENT.

- A. Applicant's legal name as registered with the State of Hawaii Department of Commerce and Consumer Affairs.

- B. Provide the name of any affiliated business organization(s) that operates in Hawaii.

- C. Provide a description of the relationship between Applicant and the affiliated business organization(s) including whether the affiliated business organization(s) is a public utility regulated in Hawaii.

II. APPLICANT'S PRINCIPAL PLACE OF BUSINESS AND CONTACT INFORMATION.

Name_____

Trade Name_____

Address_____

_____ Zip Code_____

Business Phone_____ Facsimile Number_____

E-mail_____

III. NAME, TITLE, ADDRESS, TELEPHONE NUMBER, FACSIMILE NUMBER, AND E-MAIL ADDRESS WHERE CORRESPONDENCE OR COMMUNICATIONS PERTAINING TO THE APPLICATION SHOULD BE DIRECTED.

APPLICANT

Name_____

Address_____

_____ Zip Code_____

Business Phone_____ Facsimile Number_____

E-mail_____

APPLICANT'S COUNSEL (IF APPLICABLE)

Name_____

Address_____

_____ Zip Code_____

Business Phone_____ Facsimile Number_____

E-mail_____

APPLICANT'S CONSULTANT (IF APPLICABLE)

Name_____

Address_____

_____ Zip Code_____

Business Phone_____ Facsimile Number_____

E-mail_____

- IV. NAME, TITLE, ADDRESS, TELEPHONE NUMBER, FACSIMILE NUMBER, AND E-MAIL ADDRESS WHERE QUESTIONS CONCERNING THE ONGOING OPERATIONS OF APPLICANT FOLLOWING ISSUANCE OF CERTIFICATE OF AUTHORITY SHOULD BE DIRECTED.

Name_____

Address_____

_____ Zip Code_____

Business Phone_____ Facsimile Number_____

E-mail_____

- V. NAME, TITLE, ADDRESS, TELEPHONE NUMBER, FACSIMILE NUMBER AND E-MAIL ADDRESS WHERE QUESTIONS REGARDING CUSTOMER SERVICE OR PROBLEMS SHOULD BE DIRECTED.

Name_____

Address_____

_____ Zip Code_____

Business Phone_____ Facsimile Number_____

E-mail_____

VI. NAME, TITLE, ADDRESS, TELEPHONE NUMBER, FACSIMILE NUMBER AND E-MAIL ADDRESS OF THE CONTACT PERSON FOR THE HAWAII TELECOMMUNICATIONS RELAY SERVICE FUND.

Name_____

Address_____

_____ Zip Code_____

Business Phone_____ Facsimile Number_____

E-mail_____

VII. GENERAL DESCRIPTION OF APPLICANT.

Include a general description of Applicant (e.g., Applicant is a Nevada corporation authorized to do business in the State of Hawaii as a foreign corporation).

1. An applicant who is a corporation or partnership must attach as an Exhibit a file-stamped copy of its articles of incorporation or partnership agreement.
2. If the corporation, partnership, limited liability company or limited liability partnership was formed under laws other than the laws of the State of Hawaii, Applicant must also attach as an Exhibit a copy of its current certificate of authority to transact business in the State of Hawaii.

VIII. TYPE OF TELECOMMUNICATIONS SERVICE TO BE OFFERED (HAR § 6-80-17(c)(1)(A)).

Include a detailed description of the type of telecommunications services proposed to be offered.

IX. GEOGRAPHICAL SCOPE OF CARRIER'S PROPOSED OPERATION
(HAR § 6-80-17(c)(1)(B)).

Provide a detailed description of Applicant's proposed geographical scope of the carrier's proposed operations.

X. TYPE OF EQUIPMENT TO BE EMPLOYED
(HAR § 6-80-17(c)(1)(C)).

Provide a description of the types of equipment to be employed by Applicant in the provision of its service, if applicable.

XI. RATES, CHARGES, AND REGULATIONS GOVERNING SERVICE
(HAR § 6-80-17(c)(1)(D)).

Provide as an Exhibit a proposed tariff containing the rates and/or charges to be imposed and the rules and regulations that will govern the proposed service. The proposed tariff must conform with the provisions of HAR § 6-80-39.

XII. APPLICANT'S TECHNICAL, FINANCIAL, AND MANAGERIAL ABILITY
TO RENDER PROPOSED SERVICE (HAR § 6-80-17(c)(1)(E) and
HAR § 6-80-18(a)(1)).

Provide information and/or documentation indicating Applicant's technical, financial and managerial ability to render the proposed service. Include, at the very minimum and as Exhibits, a copy of Applicant's most recent audited financial statement (if more than three months have lapsed since last audited statement, include a current, unaudited financial statement) and copies of resumes of Applicant's executive officers. See HAR § 6-61-75 for financial statement requirements.

XIII. APPLICANT'S FITNESS, WILLINGNESS AND ABILITY TO RENDER PROPOSED SERVICE AND CONFORM WITH TERMS, CONDITIONS AND RULES OF THE PUBLIC UTILITIES COMMISSION (HAR § 6-80-18(a)(2)).

Provide information and/or documentation indicating that Applicant is fit, willing, and able to properly perform the proposed telecommunications service and to conform to the terms, conditions, and rules prescribed or adopted by the Public Utilities Commission.

XIV. PUBLIC INTEREST CONSIDERATIONS (HAR § 6-80-18(a)(3)).

Provide information and/or documentation indicating the basis for a determination that Applicant's proposed telecommunications services are, or will be, in the public interest.

XV. WHEREFORE, Applicant prays that the PUBLIC UTILITIES COMMISSION enter an order granting it a certificate of authority in accordance with HAR §§ 6-80-17(c) and 6-80-18(a).

APPLICANT certifies that the representations in this application and attached exhibits are true, correct, and complete, based on Applicant's knowledge and belief, and made in good faith.

DATED this _____ day of _____, 20____.

(Signature in black ink)

(Print Name)

(Title)

(Company)

Written notices of changes in the foregoing information must be filed with the Commission within thirty (30) days from the date the change becomes effective.

VERIFICATION (HAR § 6-61-17)

_____))
(Name of State))
_____))
(Name of County)

_____, being duly sworn, states that
(Name of Applicant)
he/she files this application as _____, that
(Title)

in such capacity, he/she is qualified and authorized to file and
verify this application; and that he/she has carefully examined
all the statements and matters contained in the application; that
all such statements made and matters set forth therein are true
and correct to the best of his/her knowledge, information, and
belief. Affiant further states that the application is made in
good faith and with the intention of presenting evidence in
support of each statement in the application.

(Signature in black ink)

Subscribed and sworn to before me this

_____ day of _____

Notary Public

My commission expires

CERTIFICATE OF SERVICE

I hereby certify that two (2) copies of the foregoing application, together with this Certificate of Service, have been served by United States mail, postage prepaid, to:

DIVISION OF CONSUMER ADVOCACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
P.O. Box 541
Honolulu, HI 96809

DATED this_____ day of _____, 20_____.

(Signature in black ink)